

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL HEALTHCARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: SPA #02-30	2. STATE: Kansas
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2003	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 441.30		7. FEDERAL BUDGET IMPACT a. FFY 2003 \$ 750,000 b. FFY 2004 \$ 1,100,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A #6.b.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A #6.b. <i>Kansas 02-30</i> <i>Approved: 02/25/03</i> <i>Effective: 01/01/03</i>	
10. SUBJECT OF AMENDMENT: Optometric Services Limitations			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Janet Schalansky is the Governor's Designee			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Janet Schalansky / Candace A. Shury</i>		16. RETURN TO: Janet Schalansky, Secretary Social & Rehabilitation Services Docking State Office Building 915 SW Harrison, Room 651S Topeka, KS 66612-2210	
13. TYPED NAME: Janet Schalansky			
14. TITLE: Secretary			
15. DATE SUBMITTED: 12/11/02			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/18/02		18. DATE APPROVED: FEB 25 2003	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/03		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Thomas W. Lenz</i>	
21. TYPED NAME: Thomas W. Lenz		22. TITLE: ARA for Medicaid & Children's Health	
23. REMARKS: CC: Schalansky Day/Haverkamp CO DSG/DIATA SPA CONTROL Date Submitted: 12/17/02 Date Received: 12/18/02			

Revision: HCFA-PM-91-4 (BPD)

ATTACHMENT 3.1-A

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OMB No.: 0938-

State/Territory: Kansas

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Chiropractors' services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Other practitioners' services.

☒ Provided: Identified on attached sheet with description of limitations, if any.
☐ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Provided: ☐ No limitations ☒ With limitations*

b. Home health aide services provided by a home health agency.

Provided: ☐ No limitations ☒ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 02-30 Supersedes MS 91-41 Approval Date FEB 25 2003 Effective Date 01/01/03